



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BODIES IN BALANCE
4151 SOUTH WEST FREEWAY #210
HOUSTON TX 77027

Respondent Name

DALLAS NATIONAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 20

MFDR Tracking Number

M4-10-4521-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary dated June 28, 2010: "no other documentation required by odg guidelines."

Requestor's Supplemental Position Summary dated August 3, 2010: "Attached copy of check received on 08/02/10 billed amount 6000.00 paid only 3400.00 for dates of service 10/06/19 to 10/19/09 6 sessions CPMP...We don't agree with reductions, all paperwork required was submitted previously, is no reason for additional reductions."

Requestor's Supplemental Information dated March 28, 2012: "10/21-10/28/09...paid 1,800.00"

Amount in Dispute: \$10,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary dated July 13, 2010: "In light of the foregoing, the Carrier will agree to pay for the actual time indicated on the reports, or the Requestor can resubmit additional documentation to support the 8 units per line charge as billed."

However, after review of the documentation, Coventry found the following:

10/6....7 hours
10/7...4 hours
10/8...7 hours
10/12...6 hours
10/14...5 hours
10/19...5 hours

Respondent's Supplemental Position Summary dated July 16, 2010: "In the initial response, Carrier set for the specifics as to the bill review of six of the ten dates of service at issue. The services provided by the Requestor were chronic pain management services. Carrier is filing this supplement to provide specifics as provided by the bill review company pertaining to the final four dates of service. After review of the documentation, Coventry found the following:

10/21/09....5 hours billable
10/22/09....4 hours billable
10/26/09....5 hours billable

10/28/09....4 hours billable

Further, Coventry indicates that payment for these charges would be recommended as follows: 97799 with modifier CP (chronic pain) at \$100.00 per hour, if not CARF accredited (not billed with modifier CA)."

Response Submitted by: Lewis & Backhaus, PC, 14160 Dallas Parkway 400, Dallas TX 75254

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 6, 2009 October 7, 2009 October 8, 2009 October 12, 2009 October 14, 2009 October 19, 2009 October 21, 2009 October 22, 2009 October 26, 2009 October 28, 2009	Chronic Pain Management – CPT code 97799-CP (8 hours)	\$1,000.00/ date X 10 = \$10,000.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204. Medical Fee Guideline for Workers' Compensation Specific Services. *March 1, 2008, 33 TexReg 626*, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of Benefits dated November 25, 2009

- CV: Medical documentation provided does not support the service (or level of service) billed. (V123)
- Z710-The charge for this procedure exceeds the fee schedule allowance.
- Z254-This charge was reviewed through the clinical validation program.

Explanation of benefits June 2, 2010

- CV: Medical documentation provided does not support the service (or level of service) billed. (V123)
- Z710-The charge for this procedure exceeds the fee schedule allowance.
- Z254-This charge was reviewed through the clinical validation program.
- Z257-This bill has been re-evaluated. The bill and submitted documentation do not support additional allowance.
- Z951-We are unable to recommend an additional allowance since this claim was paid in accordance with the state's fee schedule guidelines, First Health Bill Review's usual and customary policies, and/or was reviewed in accordance with the provider's contract with First Health.

Explanation of benefits July 20, 2010

- W1-Workers compensation state fee schedule adjustment.
- Z710-The charge for this procedure exceeds the fee schedule allowance.

Issues

1. Did the respondent support position that a PPO contract exists in this dispute?
2. Did the requestor's documentation support billing of chronic pain management program?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent raised the issue of a PPO contract on the explanation of benefits.

A review of the explanation of benefits denotes a \$0.00 PPO reduction was taken. The Division finds that the documentation does not support that the services were discounted due to a contract; therefore, reimbursement for the services in dispute will be reviewed in accordance with applicable Division rules and guidelines.

2. The respondent states in the position summary that "...the Carrier will agree to pay for the actual time indicated on the reports, or the Requestor can resubmit additional documentation to support the 8 units per line charge as billed."

28 Texas Administrative Code §134.204(h)(1)(B) states "If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR."

28 Texas Administrative Code §134.204(h)(5)(A) and (B) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs

(A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

Therefore, the MAR for a non-CARF accredited program is \$100.00/hr.

The following table indicates the billed, reported and paid services in dispute:

DATE	HOURS BILLED	REPORT	ACTUAL TIME	RESPONDENT PAID
October 6, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	Not Documented 210 min in Gym 25 min Not Documented 105 min	7 hrs X \$100.00 = \$700.00
October 7, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	Not Documented 180 min in Gym Not Documented Not Documented Not Documented	4 hrs X \$100.00 = \$400.00
October 8, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	Not Documented 180 min in Gym 25 min Not Documented 120 min	7 hrs X \$100.00 = \$700.00
October 12, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	180 min in Gym Not Documented 25 min Not Documented 105 min	6 hrs X \$100.00 = \$600.00
October 14, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	120 min in Gym Not Documented 20 min Not Documented 120 min	5 hrs X \$100.00 = \$500.00
October 19, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	180 min in Gym Not Documented Not Documented Not Documented 60 min	5 hrs X \$100.00 = \$500.00
October 21, 2009	8	Group Psych Indiv. Counseling Biofeedback	180 min in Gym Not Documented 25 min	5 hrs X \$100.00 = \$500.00

		Program Ed. Session Outpatient Progress Note	Not Documented 105 min	
October 22, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	180 min in Gym Not Documented 20 min Not Documented 60 min	4 hrs X \$100.00 = \$400.00
October 26, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	180 min in Gym Not Documented 25 min Not Documented 105 min	5 hrs X \$100.00 = \$500.00
October 28, 2009	8	Group Psych Indiv. Counseling Biofeedback Program Ed. Session Outpatient Progress Note	Not Documented 120 min in Gym Not Documented Not Documented 105 min	4 hrs X \$100.00 = \$400.00
TOTAL				\$5200.00

3. The Division finds that the requestor's documentation did not support the additional time billed; therefore, additional reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$ 00.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	3/30/2012 Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.